

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

August 29, 2005

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of El Rincon Management Company Inc., d.b.a. Las Margaritas Mexican Restaurant, 2700 Jamie Lane requesting a class I liquor license.

Rosaura Morales, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mrs. Morales has been approved by the Council on three other liquor licenses in the City of Lincoln.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



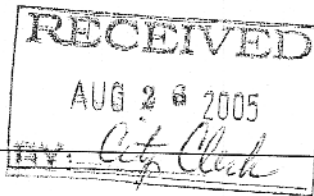
A nationally accredited law enforcement agency





Russ

Dave Heineman
Governor



9-19-05
9-26-05

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

AS-095590
175

August 25, 2005

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

El Rincon Mgt. Co. Inc.
dba Las Margaritas Mexican Restaurant
2700 Jamie Lane Class I

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

Jackie B. Matulka

NEBRASKA LIQUOR CONTROL COMMISSION
Jackie B. Matulka
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

Local-jbm

I# 69527

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission

PO Box 95046,

301 Centennial Mall South

Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>

Phone: (402) 471-2571

Fax: (402) 471-2814

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JUL 18 2005

**NEBRASKA LIQUOR
CONTROL COMMISSION***Needs Special Permit*

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00		exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box)		
1. <input type="radio"/> Individual License requires Form 1 to be attached.	Name Randy R. Ewing	
2. <input type="radio"/> Partnership License requires Form 2 to be attached.	Firm Name	Address
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Pierson Fitchett Law Firm	PO Box 95109, Lincoln, NE 6850
SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants		
Trade Name (name of business) Las Margaritas Mexican Restaurant		Telephone Number at premise to be licensed TBD
1) Street Address of Proposed licensed premise 2700 Jamie Lane		2) Mailing Address for receipt of Liquor Control Commission mailings 211 N. 70th
City Lincoln	County Lancaster	City Lincoln
Zip Code 68512	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	County Lancaster
		Zip Code 68505

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



See attached Exhibit "A"

Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		<p>Abram Morales-Possession of Concealed Weapon, San Jose, CA, 1992</p>
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		West Gate Bank
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	West Gate Bank Abram Morales Rosaura Morales		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	Tepantla, Inc., 211 N. 70th, #49179 Morales, Inc., 1637 P St., #35615 Morales, Inc., 2600 S. 48th, Ste.17, #33378		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	Rosaura Morales, 30-40 hours per week		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Over 5 years experience with selling an/or serving alcohol products .																												
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	See Lease attached as Exhibit "B"																												
15. When do you intend to open for business?	Late Fall 2005																												
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 15%;">FROM (YEAR)</th> <th style="width: 15%;">TO (YEAR)</th> <th style="width: 35%;">RESIDENCE (CITY, STATE)</th> </tr> </thead> <tbody> <tr> <td>Rosaura Morales</td> <td>1994</td> <td>2005</td> <td>Lincoln, Nebraska</td> </tr> <tr> <td>Rosaura Morales</td> <td>2005</td> <td>Present</td> <td>Walton, Nebraska</td> </tr> <tr> <td>Abram Morales</td> <td>1994</td> <td>2005</td> <td>Lincoln, Nebraska</td> </tr> <tr> <td>Abram Morales</td> <td>2005</td> <td>Present</td> <td>Walton, Nebraska</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)	Rosaura Morales	1994	2005	Lincoln, Nebraska	Rosaura Morales	2005	Present	Walton, Nebraska	Abram Morales	1994	2005	Lincoln, Nebraska	Abram Morales	2005	Present	Walton, Nebraska								
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Abram Morales	2005	Present	Walton, Nebraska																										

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here

[Signature]

Sign
Here

[Signature]

RECEIVED

JUL 18 2005

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Sign
Here

Sign
Here

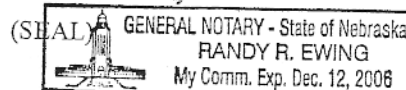
Sign
Here

Sign
Here

Sign
Here

Sign
Here

Subscribed in my presence and sworn to before me this 14 day of July, 2005



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here

[Signature]

Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01

RECEIVED

JUL 18 2005

Application for Corporate Manager***Must Be A Nebraska Resident*****Please submit in Triplicate****NEBRASKA LIQUOR
CONTROL COMMISSION**

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

El Rincon Management Company, Inc. *

Class & License number

Class I (new) *

Trade Name of Licensed Premise

Las Margaritas Mexican Restaurant *

Street Address of Licensed Premise

2700 Jamie Lane *

City

Lincoln *

County

Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: _____

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Morales, Rosaura *

Sex *

F

M

C

C

Social Security Number

*
[Redacted]

Date of Birth

*
[Redacted]

Place of Birth

Mexico *

Home Street Address

6601 S. 120th Street *

City

Walton *

County

Lancaster *

State

NE *

Zip Code

68461 *

Home Telephone Number

402-483-0507 *

Business Telephone Number

402-464-7201 *

Drivers License Number

*
[Redacted]

State

NE *

Are You Married? * Yes ☒ No ☐ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Morales, Abram

Social Security Number

Drivers License Number

State

NE

Date of Birth

Place of Birth

Mexico

* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☒ ☐ Abram Morales-Possession of Concealed Weapon, San Jose, CA, 1992

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No 211 N. 70th, #49179, 2000
☒ ☐ 1637 P Street, #35615, 2000
☒ ☐ 2600 S. 48th, Ste. 17, #33378, 2000

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐ ☒

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒ ☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

☒ ☐

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETEYear
From To

Applicant: City & State

Rosaura Morales, Lincoln, NE 1994 2005

Spouse: City & State

Abram Morales, Lincoln, NE 1994 2005

Year
From To

Applicant: City & State

Rosaura Morales, Walton, NE 2005 Now

Spouse: City & State

Abram Morales, Walton, NE 2005 Now

Year
From To

Applicant: City & State

Spouse: City & State

Year
From To

Applicant: City & State

Spouse: City & State

EMPLOYERS - LIST LAST TWO EMPLOYERS

Year

From To

Name of Employer

El Rincon Management Company, Inc.

2005 Presen

Name of Supervisor

Co-Owner

Telephone Number

402-464-7201

Year

From To

Name of Employer

Tepantla, Inc.

1999 Presen

Name of Supervisor

Telephone Number

Co-Owner

402-464-7201

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY
APPLICANT & SPOUSE****RECEIVED**

STATE OF NEBRASKA)

JUL 18 2005

) SS

COUNTY OF)

**NEBRASKA LIQUOR
CONTROL COMMISSION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

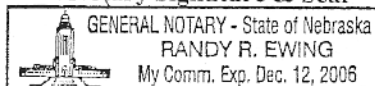
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Signature of Applicant

Signature of Spouse (if applicable)

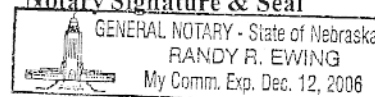
Subscribed in my presence and sworn to before me this
14 day of July, 2005.

Notary Signature & Seal



Subscribed in my presence and sworn to before me this
14 day of July, 2005.

Notary Signature & Seal



Verify and Print

Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission

RECEIVED

JUL 18 2005

**NEBRASKA LIQUOR
CONTROL COMMISSION****INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

El Rincon Management Company, Inc. *

Total Number of Shares (if corporation)

1000 *

Corporate Street Address

211 N. 70th *

Mailing address for receipt of Liquor Control Commission Mailings

211 N. 70th *

Corporate Telephone Number

402-464-7201 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68505 * -

Name of Registered Agent

Trustis, Inc. *

Name of Proposed Manager

Rosaura Morales *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Abram Morales *

Title

President *

Date of Birth

* *

Social Security Number

* *

Home Address (1)

6601 S. 120th Street *

City

Walton *

State

NE *

Zip Code

68461 * -

Home Telephone Number

402-483-0507 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSESName of Officers, Directors, Members and Spouses.
Give Last Name, First Name, Middle, Maiden, and any aliasesSocial Security
Number

Date of Birth

Title

Name

Abram Morales

President/Treasurer

Spouse Name

Rosaura Morales

VP/Secretary

Partner Number of Shares / % 25%

Spouse Number of Shares / % 75%

Name of Officers, Directors, Members and Spouses.

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

RECEIVED

JUL 18 2005

NEBRASKA LIQUOR
CONTROL COMMISSION

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31

State of Nebraska

)

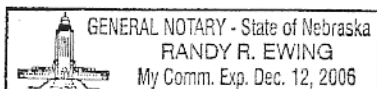
Lancaster County

) ss.

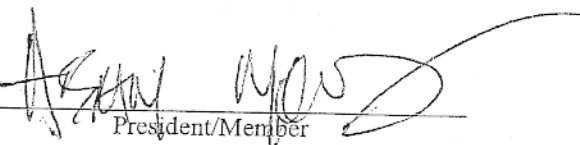
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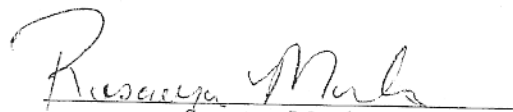
Notary Public Signature & Seal



By


President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.


Secretary/Member

Verify Form and Print